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PICK-UP	☐ WAIT	MAIL
Mos	siness Entity Name	е)
(Do	cument Number)	-
Certified Copies	_ Certificates	of Status
Special Instructions to		P. LC

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#### Pepper Hamilton LLP

50th Floor 500 Grant Street Pittsburgh, PA 15219-2502 412.454.5000 Fax 412.281.0717

direct dial: 412.454.5033 ligoc@pepperlaw.com

October 24, 2005

Florida Department of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re: Clinical Cell Culture Americas, LLC

Dear Sir or Madam:

Enclosed for filing on behalf of the above-referenced entity is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Also enclosed is a Certificate of Good Standing and our check in the amount of \$125.00 to cover the filing fee.

Please provide us with proof of filing when available. If you have any questions or require additional information, please feel free to contact us.

Very truly yours,

Cynthia Cerchie Ligo Senior Paralegal

Enclosures

cc: Troels Jordansen (w/encl.)
Jordan Wittmeier (w/encl.)
David S. Smith, Esquire (letter only)

Philadelphia	Washington, D.C.	Detroit	New York	Pittsburgh
Berwyn	Harrisburg	Orange County	Princeron	Wilmington

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Clinical Cell Culture Americas, LLC				
(Name of Limited Liability Company)				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please return all correspondence concerning this matter to the following:				
David S. Smith, Esquire				
(Name of Person)				
Pepper Hamilton LLP				
(Firm/Company)				
One Mellon Center, 50th Floor, 500 Grant Street				
(Address)				
Pittsburgh, PA 15219				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
David S. Smith, Esquire				
David S. Smith, Esquire at (412 ) 454-5862  (Name of Person) (Area Code & Daytime Telephone Number)				
(Mea code & Daytime Telephone (validet)				
STREET ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations  Division of Corporations				
409 E. Gaines Street P.O. Box 6327				
Tallahassee, Florida 32399 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy				

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

· Clinical Cell Culture A	(Name of Foreign Limited	Lia	ibility Company)	-
Delaware		2	20-2578762	
	aw of which foreign limited liability	٥.	(FEI number, if applicable)	-
January 4, 2005 (Date of	Organization)	5.	perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")	<u>.</u>
Upon filling				_
	(Date first transacted business in F (See sections 608.501 & 608.502 F.			
3111 University Driv	re, Suite 418			
Coral Springs, FL 3			05 00 SEC: ALL,	-
	(Street Addres	s o	f Principal Office)	<u> </u>
3. If limited liability o	company is a manager-manage	d c	omnany check here //	
. The name and usua	l business addresses of the ma	nag	ging members or managers are as follows: 💫	O
Troels Jordansen			ATE ATE	_
13-15 Hills Road				_
Cambridge CB2 INL	_ England			
he jurisdiction under the law ranslation of the certificate	w of which it is organized. (A photocounder oath of the translator must be suit	py bmi	lys old, duly authenticated by the official having custody of reis not acceptable. If the certificate is in a foreign language, a sted.)  promoted in Florida: Sale of tissue and cell	cords
	s of purposes/to be conducted	ŲΙ <sub>į</sub>	promoted in Plonda.	_
therapy products		F.S	norized representative of a member.	
	Troels Jordansen	ı jul	y that the facts stated herent are true.)	
	Typed or printe	ed 1	name of signee	

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Company is:
Clinical Cell Cu	Iture Americas, LLC
2. The name an	d the Florida street address of the registered agent and office are:
	Jordan Wittmeier
	(Name)
	3111 University Drive, Suite 418
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Coral Springs, FL 33065  City/State/Zip
liability companagent and agree relating to the p	med as registered agent and to accept service of process for the above stated limited y at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes roper and complete performance of my duties, and I am familiar with and accept the y position as registered agent as provided for in Chapter 608, Florida Statutes.  (Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLINICAL CELL CULTURE AMERICAS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF AUGUST, A.D. 2005.

3907281 8300

050672842



**AUTHENTICATION: 4093195** 

DATE: 08-15-05

Warriet Smith Hinds
Harriet Smith Windsor, Secretary of State